

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007452

**Entity Name:** DEVELOPING MINDS FOUNDATION, CORPORATION

**Current Principal Place of Business:**

1101 BRICKELL AVENUE  
S-800  
MIAMI , FL 33131

**Current Mailing Address:**

1101 BRICKELL AVENUE  
S-800  
MIAMI , FL 33131 US

**FEI Number: 51-0591145**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOUDARD, PHILIPPE T  
1101 BRICKELL AVENUE  
S-800  
MIAMI , FL 33131 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name HOUDARD, PHILIPPE T  
Address 1101 BRICKELL AVENUE  
S-800  
City-State-Zip: MIAMI FL 33131

Title D  
Name MEHRINGER, CHRIS  
Address 1000 BRICKELL AVENUE  
SUITE 915  
City-State-Zip: MIAMI FL 33131

Title D  
Name MILLER, DEHDAN  
Address 1119 1ST AVE, APT. 215  
City-State-Zip: SEATTLE WA 98101

Title D  
Name MOHAN, JOSEPH  
Address 1806 COPPERFIELD CT  
City-State-Zip: WESTLAKE TX 76262

Title D  
Name ZALKIN, SETH  
Address 5 EAST 57TH ST.  
16TH FLOOR  
City-State-Zip: NEW YORK NY 10022

Title DIRECTOR  
Name SHOUP, NATALIE  
Address 1101 BRICKELL AVENUE  
S-800  
City-State-Zip: MIAMI FL 33131

Title DIRECTOR  
Name CAMPUS, ALANNA  
Address 120 HAMILTON AVE  
City-State-Zip: HASTINGS ON HUDSON NY 10706

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PHILIPPE HOUDARD**

**CHAIRMAN**

**01/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date